

URBAN DISTRICT OF WEST BRIDGFORD.ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
for the Year 1947

To
The Chairman and Members of the
West Bridgford Urban District Council.

Gentlemen,

I beg to present my Annual Report for the Year 1947. The Ministry of Health have not asked for a reversion to the pre-war form of report and therefore it appears again in its war-time style. Some details of the Sanitary Inspector's work are, however, included this year.

It has been customary for the past few years to refer to the impending changes in the administration of the Health Services. This year, with most of the changes immediately impending at the time of writing, and with some doubt still remaining about the final share-out of the work, it seems discreet to withhold comments until next year. Before long we shall be seeing in operation an unprecedented mass of new social law which can only be fully effective when our material resources have become freely available again. We shall also need more medical and nursing staff and more social workers and this is a more subtle problem which may mar the success of the new schemes.

The shortage of nurses is probably the greatest problem at the moment and we seem to be no nearer a solution. We can foresee the time when we can build the many hospitals, homes, and medical centres we need but no one knows what will be the state of recruitment of personnel in the future and the extension of hospitals would be useless while whole wards are closed for lack of nurses.

Little new law of public health importance came into operation in 1947. The war-time Scabies Order ceased to operate during the year and the Ice Cream Regulations were introduced - with much of their usefulness projected into the future because of lack of apparatus.

Contained in the National Assistance Act, which comes into operation in July of this year, is a section which gives power to the local authority to remove an old or helpless person to better surroundings if he is found to be living under insanitary conditions. This power has been in the hands of some local authorities under local Acts and its extension will be welcomed by all who have had to admit failure in their efforts to save such people from distresses of their own creation. In these cases one has the support of the relatives and the safeguards against the victimisation of the individual are adequate.

A more pleasant way of helping the old and infirm is open to us as soon as circumstances permit. With the number of old people increasing and the relatives free to look after them becoming more difficult to find it will be necessary to provide special accommodation. All local authorities have a duty to consider this section of the community when planning their new houses and now, under the National Assistance Act, Counties and County Boroughs have a chance to break away from tradition and provide communal care in a form which will be readily acceptable and not just tolerated as a last resource. There is opportunity

for a wide variety of plans to satisfy the needs of those whose handicap ranges from only the weight of years to complete helplessness. It would seem expedient for District Councils and County Councils, whose interests are thus merged, to have regard to each other's plans.

The Home Help scheme should benefit the aged as well as the sick but its extension has come at a time when helpers are difficult to find and we have not had a chance to assess its merits or its special contribution to the solution of the problem of the old folk.

I am indebted to my colleagues for their help and cooperation throughout the year and to you, Gentlemen, I tender my respectful thanks for your unfailing courtesy.

I am,

Yours faithfully,

Wm. B. WATSON.

30th June, 1948.

Chairman of the Health Committee - Councillor P.A. IZZETT, J.P., C.C.

Public Health Officers

Medical Officer of Health	W.B. Watson, L.R.C.P., L.R.C.S., D.P.H.
Sanitary Inspector	J. Eckersley, A.R.S.I., H.S.I.A. (resigned Aug., 1947) C. Webb, A.R.S.I., H.S.I.A. (from 1st November, 1947)

Engineer & Surveyor	R. Dewsberry, H.I.M. & Cy.E., A.M.T.P.I.
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Statistics

Area of District	3,501 acres
Registrar-General's estimate of resident population, mid-1947	23,560
Number of inhabited houses (1.10.47)	7,697
Rateable value (1.10.47)	£203,516
Product of penny rate per annum (31.3.47)	£819

	<u>Total</u>	<u>M</u>	<u>F</u>
Live Births	368	203	165
Birth Rate (per 1,000 pop)	15.6	(Eng. & Wales 20.5)	
Deaths	295	133	162
Death rate (per 1,000 pop)	12.5	(Eng. & Wales 12.0)	
Death rate of infants under one year of age (per 1,000 live births)	27	(Eng. & Wales 41)	

There were no maternal deaths.

The following table presents for comparison some of the Vital Statistics of the District and of England and Wales for the past 10 years.

Year	Popul- ation	LIVE BIRTHS			DEATHS			INFANT MORTALITY	
		Total No.	Rate per 1,000 pop.	Eng. & Wales	Total No.	Crude Rate per 1,000 pop.	Eng. & Wales.	Rate per 1,000 Live Births	Eng. & Wales
1938	21,150	202	9.5	15.1	237	11.2	11.6	54	53
1939	21,340	196	9.2	15.0	266	12.4	12.1	15	50
1940	22,490	228	10.1	14.6	272	12.1	14.3	35	55
1941	23,060	218	9.4	14.2	329	14.3	12.9	62	59
1942	22,160	277	12.5	15.8	242	10.9	11.6	11	49
1943	21,530	298	13.8	16.5	295	13.2	12.1	44	49
1944	22,000	376	17.1	17.6	258	11.7	11.6	40	46
1945	21,970	319	14.5	16.1	265	12.1	11.4	38	46
1946	23,110	347	15	19.1	252	10.9	11.5	17.3	43
1947	23,560	368	15.6	20.5	295	12.5	12.0	27	41

Population. It will be noticed that this is the highest figure ever recorded for West Bridgford.

Birth Rate. The birth rate continues high, compared with pre-war years, although much below the national rate, which was the highest since 1921. Unless one knows the age distribution of the population one cannot properly compare one district with another and only another census will give us the required information.

Death Rate. The death rate, while higher than that of 1946, was lower than one would have expected, having regard to the spell of severe weather in the first quarter. As we get nearer the irreducible minimum we must cease to expect any spectacular drop in this figure.

Ambulance Service. There was no change in the service during the year and the facilities offered by the Council continued to give satisfaction to the community. The operation of the new County Ambulance Service will be under no more critical eye than that of the District Authority which has prided itself in the past on the efficiency of its own service. We must look forward to a levelling upwards so that the new beneficiaries may not gain at the expense of the old.

School Clinic. Towards the end of the year the County Council opened a school clinic in West Bridgford, at the Parochial Hall. A doctor attends once a week on Fridays, and in addition a nurse's session is held on Tuesday morning. This new facility meets a need. Previously school children often had to go to the baby centre or to the Shire Hall. When the District Medical Officer

of Health is given the duty of attending he is presented with an opportunity to increase his knowledge of the state of health of the school children of his area and to link up this with what he learns by other means, less personal.

Water Supply. The supply (from the Nottingham Corporation) has been satisfactory in quantity and quality. No samples are taken by the Council. There are two or three outlying houses without a piped supply. One of them has a camping ground attached and chlorination of the water from a bore-hole is carried out.

Drainage. Reference was made in last year's report to the floods of 1947. The efforts of the Trent Catchment Board to obviate a recurrence are common knowledge. At the moment the news with regard to the possibility of an early start on the big scheme to reduce the menace locally is not good but we hope for something more satisfactory before long. Meantime the repair of the banks where breaches occurred has been carried out and the weak places strengthened.

Rats. In previous years I have expressed doubts about the ultimate success of our rat-catching efforts and suggested that if we are sincere in our convictions that the rat menace is important a far greater national effort is called for. Meantime many local authorities are definitely reducing the number of rats in their areas and in some sections of our great ports the improvement has been spectacular. This measure of success, attained by using scientific methods in place of mere rat-catching, is something all local authorities can achieve, although it will require the same sustained effort indefinitely. If we could elevate the rat to the status of the Colorado beetle we might at last reach the ideal of being able to deal with him as an undesirable alien.

Housing. I am indebted to the Council's Engineer and Surveyor for the following figures.

Housing Accommodation.

Completed between April, 1947, and March, 1948.

Houses			Conversions to Flats		
Local Authority			Private Enterprise	L.A.	Private Ent.
Permanent Traditional	Temporary Bungalows	Hutted Camps	Permanent Traditional		
80	34	7 family units	42	-	8 18 family units

By so many units have we reduced the length of the waiting list but we must record an equal growth at the other end. Hard cases seem as prevalent as ever and we cannot dismiss from our minds the warnings of those who have the best opportunity to judge, that whatever the physical effects of inadequate housing the psychological and social repercussions are very serious and likely to remain long after the cause has been removed.

Food. In the realm of Public Health, in 1947, ice-cream achieved a status out of all keeping with its economic importance. Mere observation has shown us for many years that ice-cream was a potential source of food-poisoning, in spite of the common belief that "freezing kills everything", but in recent years, probably due to bulk preparation, outbreaks from this source have been more

frequent* and more serious and some compulsion had to be put on the manufacturer who took no precautions. Unfortunately, as far as modern apparatus is concerned, we must await a better supply situation before the new Regulations can be enforced. Meantime, however, "the trade" has become very sensitive to public reaction and we trust that this will be reflected in constant care to ensure absolute cleanliness at every stage. Ice-Cream is potentially dangerous because any contaminating germs get a chance to multiply during the long waiting period between preparing the mix and freezing it. During much of this time the temperature of the mix is usually favourable to the rapid growth of germs and the material is an ideal medium. The Regulations are designed to reduce this period to a minimum. But, of course, if we do not introduce the germs no amount of incubation will propagate them and this thought should be uppermost in the mind of the manufacturer. Sampling is proving educative, as it has done in the case of milk.

In October the Central Council for Health Education convened a Conference in London to discuss the question of infection spread by food. Nearly every local authority in the Country sent representatives, who must have returned home convinced of the reality of the danger and the need to improve the conditions under which our food is handled. Unfortunately present restrictions prevent structural alterations to food premises and the installation of modern apparatus. Meantime we must seek to educate our food-handlers, in spite of much discouragement - there is a disposition prevalent just now to resent being spoken to. The Chairman of the Meeting - Lord Woolton - deplored the squeamishness of newspaper editors in refusing to print the slogan "Wash your hands after using the W.C." For carelessness about this elementary practice is the main cause of infection by food. The Health Education Sub-Committee of the County Council have espoused this cause and given talks to workers in the school kitchens and canteens in West Bridgford. And now, as this Report is being written, comes the good news that the menace is being fought from another quarter. The British Tourist and Holidays Board have launched a campaign to induce hotel and catering staffs to exercise the utmost cleanliness. This should have the effect of meeting any possible comment by the trade that this is just another fad of the medical people.

While waiting for the Food and Drugs (Milk and Dairies) Act of 1944 to be put into force, or the conception of something better, which will reduce the complex problem of supplying milk in plenty and purity, we seem to have made some progress by our present complicated system, founded on war-time expedients. Fewer complaints are received and the results of sampling have improved and, so far as is known, this improvement has been achieved without commercial or nutritional loss. Whatever we do milk will remain the most difficult food to serve to the public in a safe and wholesome condition. Its consumption has become a vital necessity and we must unceasingly try to improve the health of our cows, and our methods of production and handling of the milk. The chances of infection by milk, however, are so great that it is doubtful if we shall ever be able to dispense with the safeguard of pasteurisation. Meantime that safeguard is not applied to all our milk.

Infectious Diseases. The following table shows the incidence, etc., of the notifiable diseases during the year.

Disease	Notifications	Isolated in Hospital.	Deaths
Scarlet Fever	19	7	1 X
Whooping Cough	53	-	-
Diphtheria	2	1	1 X
Measles	105	-	-
Pneumonia	6	-	14 Ø
Poliomyelitis	1	1	-
Polioencephalitis	2	1	1
Puerperal pyrexia	1	-	-
Typhoid Fever	1	-	-
Totals	190	10	16

X Died 31st December. Death registered in 1948. (one patient)

Ø The deaths are unrelated to the notifications, which are of acute pneumonia and never in keeping with the actual incidence.

There are grounds for suspecting that notification is far from complete, especially in cases of measles and whooping cough. These grounds are (1) reports by householders of other cases in the neighbourhood, (2) information from schools, (3) a striking disparity between the numbers of notifications received from the various practitioners - some appear to have surprisingly few cases of infectious disease amongst their patients.

Measles, which was prevalent in the latter half of 1946, continued prevalent throughout the first half of 1947, then merely simmered until the end of the year, when it appeared to be again on the increase - a tendency since confirmed in the current year.

The fatal case of diphtheria occurred in a child of 10 who had not been immunised. He had scarlet fever at the same time.

In common with all the other local authorities in the Country the fear of smallpox kept us alert from February until July. The lack of adequate hospital accommodation and nurses is one of the chief causes of anxiety when smallpox threatens. We hope that the Regional Hospital Boards will be able to relieve us of this anxiety and, by coordination over a wide area, ensure not only the ready admission of patients from all local authority areas in the Region during an established epidemic but assure us that at any time we can, at a few hours notice, get admission of the first case found so that there will be no temptation to "doubt the diagnosis and hope for the best."

To some extent these remarks apply to other infectious diseases. The relinquishment to Regional Boards is a sore blow to those Authorities who have maintained a hospital of their own. The isolation hospital has been the centre of their epidemiological work and has provided an interest the loss of which the present generation of Medical Officers of Health will always feel. But to those Authorities who have had no hospital of their own, and especially to those who have had to beg beds from other Authorities, it will be a great relief to be able to rely on the Regional Boards to obtain accommodation. The South Notts Joint Hospital Board have been without a hospital since the end of 1946 owing to staffing difficulties, and some of the other hospitals in South Nottinghamshire have had similar difficulties. It is surprising that almost always, although often only after much effort, a bed is found when required.

Unfortunately the position at the moment is that we must continue to seek accommodation where we can. The Sheffield Regional Hospital Board have not yet established a bed bureau through whose agency a bed could be found, thus relieving the applicant, private doctor or medical officer of health, of the task of trying the various hospitals in turn.

We have become increasingly dependent on the Derby Corporation for the isolation of patients and we must express our gratitude to them and to their Medical Officers for their consistent courtesy and readiness to help whenever an application is made. Especially have the local authorities in South Nottinghamshire been relieved to have a large first class hospital available where cases of poliomyelitis could have expert care and treatment, with modern resources at hand in case of need. A system of transfer of patients from Derby to the Harlow Wood Orthopaedic Hospital for treatment of any resulting paralysis was arranged during the epidemic.

Note on Poliomyelitis. West Bridgford's share of the nation-wide epidemic of poliomyelitis (infantile paralysis) consisted, so far as notifications revealed, of 4 cases, one of which was later reported not to be poliomyelitis. No doubt there were mild and abortive cases which were never diagnosed, or at least notified, but this is only surmise as no reports of suspicious cases, or paralysis following undiagnosed illnesses, have reached the Health Department.

The Ministry of Health have not called on all local authorities for details of cases but have concentrated on a number of areas where a close study of the epidemiology and clinical features was made by medical officers of the Ministry, in conjunction with local health officers. However the Ministry have asked Medical Officers of Health to refer to the local incidence in their Annual Reports and therefore the following brief particulars of the four cases notified are recorded.

(1) Girl, aged 6. Notified immediately slight signs of paralysis appeared. Removed to hospital. The paralysis, which at the time of removal was confined to one group of muscles in one lower limb, spread to other muscles of the same limb and the child is now a cripple but under active treatment to try and effect an improvement.

(2) Girl, aged 16. Cerebral type (polioencephalitis) Notified after the private doctor had obtained a consultant's opinion. Did not develop any actual paralysis. Stayed at home.

(3) Man, aged 20. This patient was removed to hospital on the request of the private doctor but was sent home after six days. He was representative of the type of case that gave considerable concern to many doctors. He had symptoms which might have been those of poliomyelitis in the early stages before paralysis sets in. Whether to notify such cases with a view to removal to hospital, or await developments and the risk of criticism for delay, exercised the minds of most doctors during the epidemic. Of the original notifications throughout England and Wales 18% were subsequently cancelled. In the absence of an epidemic such symptoms would probably not suggest poliomyelitis to the doctor.

(4) Baby girl of 8 months. Cerebral type. Sent into a general hospital for observation and diagnosis. Died within two days from the onset of the illness. Diagnosis made post mortem.

The importance of early removal to hospital does not lie in the removal of a risk to others in the house but in having the resources of a well equipped hospital at hand should paralysis of muscles vital to the maintenance of life supervene. Were it not for this risk most patients could safely remain at home until the diagnosis was certain.

Diphtheria Immunisation. During 1947, 208 children received primary immunisation and 68 were given reinforcing injections, usually at or about 5 years of age. Of those receiving primary treatment 183 were below 5 years of age, usually about a year old. This figure is only 53% of the births for the previous year. If this represented the total number of children immunised in West Bridgford each year it would be a very unsatisfactory figure but there is reason to believe that many more are immunised privately. In future the County Health Visitors will try to ascertain in the case of every child whether and where it has been immunised.

The following extracts from the most recent issue of the Ministry of Health are well worth reproducing and further comment is unnecessary.

(1) The reduction in the number of cases of diphtheria in the last few years has resulted in a saving of several million pounds in the cost of hospital treatment falling on public funds.

(2) It is estimated that the immunisation campaign, by reducing the demand for hospital beds, now frees 2,500 nurses for other work every year.

(3) In 1947 the number of deaths from diphtheria was less than one-tenth of the average for the ten-year period 1931-40.

(4) The totals of deaths and original notifications during the past eight years are as follows:-

Diphtheria.		
Year	Deaths	Cases
1940	2,480	46,281
1941	2,641	50,797
1942	1,827	41,404
1943	1,371	34,662
1944	934	29,949
1945	722	25,246
1946	472	18,283
1947	245 X	10,469 X

X Provisional.

Sanitary Inspection.

I am indebted to the Sanitary Inspector for preparing the following statistical report. Most of the work reported on was, of course, done by his predecessor.

During the year ended 31st December, 1947, the following inspections and re-inspections were made:-

	<u>Inspections</u>	<u>Re-inspections</u>
Sanitary Defects	264	307
Housing Acts	132	161
Shops Act	21	-
Petroleum Act	24	-
Houses let in lodgings	61	-
Factories	43	-
Workshops	50	-
Dairies	55	-
Ice-Cream Premises	55	-
Bakehouses	20	-
Food Premises	125	-
Slaughterhouses	2	-
Meat Shops	256	-
Meat Inspections	17	-
Food Inspections	44	-
Drains	171	93
Insect Infestations	40	30
Stables	6	-
Camping Grounds	2	-
Tips	19	-
Pig Keeping	6	-
Poultry Keeping	20	-
Rats Infestation	51	8
Smoke Nuisances	2	-
Miscellaneous Visits	16	-
Interviews	419	-
	<hr/>	<hr/>
	1,921	600
	<hr/>	<hr/>

Complaints

During the year, the following 940 complaints were received and dealt with:-

General defects	434
Accumulation of manure	2
Choked drains	170
Rats dealt with by Sanitary Inspector	6
Overcrowding	1
Insect Infestations	40
Defective dustbins	44
Food	44
Offensive odours	132
House refuse	40
Houses let in lodgings	12
Smoke nuisances	2
Fowls	13
	<hr/>
	940
	<hr/>

Notices.

The following table gives details of notices served and complied with during the year.

	<u>Notices Served</u>	<u>Notices Complied With</u>
Public Health Act	304	285
Housing Act	69	81
Public Health Act. Dustbins	390	150
Factories	7	6
Shops	1	1
Smoke	1	1
Choked Drains	121	131
Rat and Mice Destruction Act	19	27
Petroleum Act	1	-
Overcrowding	1	-
Houses let in lodgings	9	6
Insect Infestations	2	2
Public Health Act Statutory Notices	1	9
Housing Act Statutory Notices	1	2
Public Health Act Statutory Notices) Dustbins)	8	8
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	935	709
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Rat Infestations

During the year 269 complaints were received of rat infestations. 812 visits were made to these and other known infestations and as a result of action taken 1,872 rat bodies were recovered.

Milk

There are 33 retailers of milk distributing this product in the area.

During the year licences were in force as follows:-

- (1) One Pasteuriser's Licence issued in respect of a local plant.
- (2) One Dealer's Licence to sell Tuberculin Tested Milk.
- (3) One Dealer's Licence to sell Pasteurised Milk.
- (4) Three Supplementary Licences to sell Tuberculin Tested Milk.
- (5) Three Supplementary Licences to sell Pasteurised Milk.

Regular Sampling has been carried out, and the reports, with three exceptions, were satisfactory. In the cases of the three failures the producers and vendors were contacted and following an explanation and action to avoid the probable cause of the failures the "follow up" samples were satisfactory.

Ice Cream

Several samples were taken during the year and the majority failed to pass the Ministry of Health's Methylene Blue Test. Suggestions have been made to manufacturers and vendors as to the possible cause of the failure and alterations in plant or in methods of handling have been carried out in an effort to effect an improvement. The main reason for the failures seems to be a lack of knowledge of, or carelessness in, personal hygiene. An effort is being made to improve this very unsatisfactory state of affairs by talks to proprietors and staff and the distribution of notices to be placed in sanitary

conveniences, wash places, etc., drawing attention to the need for personal hygiene on the part of food handlers.

There is only one pasteurisation plant in this district and improvements in the plant and lay out were carried out during the last month of the year which should have a beneficial effect on the finished product.

There is one other manufacturer producing ice-cream by the "cold mix" process and during the year under review there were 50 retailers on the register who were selling ice-cream manufactured by other persons. The majority of the ice-cream sold in these premises is manufactured in neighbouring areas. Liaison is maintained with the neighbouring Health Authorities and the manufacturers in the control of this "imported" product.

FACTORIES ACT 1937.

(1) Inspections

Premises	Number on Register	Inspections	Written Notices	Occupiers prosecuted
(a) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	71	43	7	-
(b) Factories not included in (a) in which Section 7 is enforced by the Local Authority	Nil	-	-	-
(c) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	41	50	-	-
TOTAL	112	93	7	-

(2) Cases in which DEFECTS were found

Particulars	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	No. of cases in which pros- ecutions were instituted
Want of Cleanliness	4	4	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	1	-	-	-	-
Sanitary Conveniences Unsuitable or defective	1	1	-	-	-
Sanitary Conveniences Not separate for sexes	1	1	-	1	-
TOTAL	7	6	-	1	-

